

# Registration Information

City of Gaithersburg  
Resident Registration Procedures

Wednesday, Jan. 25

Nonresident  
Registration Procedures

Wednesday, Feb. 21

## REFUND POLICY-

Refund requests must be made in writing at least two weeks prior to the start of the program. For a complete listing of the City's refund policy please contact Betty Woods at 301-258-6350.



**All fees due by Friday, April 27**

**NOTE:** Registrations cannot be accepted without a deposit.

## ALL-DAY CAMP PAYMENTS

There is a non-refundable registration fee of \$75 per child for each all-day Camp program.

## EXTENDED CARE PAYMENTS

There is a non-refundable registration fee of \$25 per child for extended care.

## YAPS, FUN ZONE AND GOG PAYMENTS

There is a non-refundable registration fee of \$50 per child for each of the above programs.

## YAPS, GOG AND CLINIC PAYMENTS

Full payment is required at the time of registration unless you have been approved for financial aid.

## CAMP CHALLENGER AND VENTURE PAYMENTS

There is a non-refundable registration fee of \$50 per session, per child.

## SCHOOL OF BASKETBALL

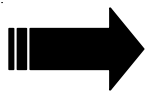
There is a non-refundable registration fee of \$100 per child.

## THE BEST WAYS TO REGISTER

### 1. INTERNET:

Use the **RecXpress System** to register by internet, 24 hours a day, seven days per week beginning the first day of registration.

[www.gaithersburgmd.gov/recxpress](http://www.gaithersburgmd.gov/recxpress)



You must have a *family password and personal ID number* to use this registration method. Call 301-258-6350 x 444 to request a password or e-mail [parksrec@gaithersburgmd.gov](mailto:parksrec@gaithersburgmd.gov) a minimum of **FIVE** business days prior to the start of registration.

## OTHER METHODS OF REGISTRATION

### 2. FAX:

Available 24 hrs. a day!  
301-948-8364

Payment by Visa, Discover or Mastercard.

### 3. MAIL TO:

City of Gaithersburg  
506 S. Frederick Ave.  
Gaithersburg MD 20877

Payment by check (*payable to CITY of GAITHERSBURG*), Visa, Discover or Mastercard.

### 4. WALK-IN OR DROP OFF:

Parks, Recreation & Culture Office  
Activity Center at Bohrer Park,  
506 S. Frederick Ave.

Payment by cash, check, Visa, Discover or Mastercard

# All-Day Camp, YAPS, Fun Zone & GOG Registration Form

## City Residents

To qualify for the City Resident rate, the camper must reside within the corporate City limits of Gaithersburg\*. City residents are those individuals residing within the City's corporate tax limits. Do not assume that a Gaithersburg mailing address is within the City's corporate tax limits.

## \*Falsifying Registration Information

Falsifying registration information by either claiming City residency or falsifying the age of the camper will result in the denial of the registration.

## Wait List

Please make sure that the registration form has the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices for the YAPs or All-Day Camp programs. If the first Camp choice is filled, the camper will be placed on the waiting list for that Camp and placed in the second Camp choice if space is available. If all three Camp choices are filled, parents/guardian of the registrant will receive a telephone call.

**All fees due by Friday, April 27.**

## CAMP, YAPs, FUNZONE and GAITHERSBURG ON THE GO REGISTRATION FORM

☐ Check here if new address/phone since last time registered.

Payer's Last Name \_\_\_\_\_ Payer's First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Fall 2007 \_\_\_\_\_ School Fall 2007 \_\_\_\_\_

1st Choice _____	Activity # _____	Fee \$ _____
2nd Choice _____	Activity # _____	Fee \$ _____
3rd Choice _____	Activity # _____	Fee \$ _____

*For an additional fee, register for:*

Extended Care:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Activity # _____	Fee \$ _____
Gaithersburg on the Go I (ages 6 -10):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Activity # 21567	Fee \$ _____
Gaithersburg on the Goll (ages 11-13):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Activity # 21568	Fee \$ _____

**TOTAL \$** \_\_\_\_\_

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Please list other children in your family registered in the All-day Camp Program:

Name (s) \_\_\_\_\_ Grade \_\_\_\_\_ Camp \_\_\_\_\_

Name (s) \_\_\_\_\_ Grade \_\_\_\_\_ Camp \_\_\_\_\_

## COMMENT BOX:

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_

Visa/Discover/MC# \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

Print Name \_\_\_\_\_

## OFFICE USE ONLY:

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_